DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	5	4	4	1	4

	, -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	10.		
		CEASED NAME	FIRST		WIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	(TYPE	OR PRINT)	Charle	tte	A	Be	rnett	Ma	4 27,	1985	12:15 M
I	3. SE)	Х	4	RACE		S. DATE C	F BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ě		Female		Whi	ite	Jun	e 7, 1949	35	YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATEOR	FOREIGN 71	. CITIZEN OF	WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1		COUNTY		u.s.	A	WIDOWE		Cec	il		MD.
4		TY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, N	URSING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPA (TYPHOF WORK FOR AND I			PF BUSINESS OR
		AL RESIDENCE (IF NURS	SING HOME OR O				oc nouse	110020 112	70		2616
2	130	aryland	13b COUNT	1	Conou	rown	13d INSIDE CITY LIANTS? YES NO 1		Red 1	Hill Ros	d 17/0
1	14 FA	ATHER'S NAME FIRST UN	knoun	DD1E	LAS	51	15. MOTHER'S MAIDEN N			LAS	T
1	16a V	WAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADD			
		WAS DECEASED EVER			189-36	-2999	James B. Bo	unett, 32W. R	ed Hi	LIRdo, (d	nowingo,
		18 CAUSE OF DEAT			r line for (o), (bi, ond ici.	n	0 0		BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH W	IMMEDIATE		in	Yastatic.	CERVITAL	CANCER.			
				DUE TO C	R AS A CON	SEQUENCE OF					
		Conditions, if any	, which	(b)_							
		gove rise to import couse (a), status		DUE TO C	R AS A CON	SEQUENCE OF					
	13	underlying couse	lost.	(c)	AL AL PICOL						
		PART 2 OTHER SIG	NIFICANT CO	NDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GI	IVEN IN PART 1	0
	CERTIFICATION										
1	CAT	19a. DATE OF OPERA	TION	196 CONE	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDING	
0	E							YES NO		res 🗌	NO 🗌
9	8	21a. ACCIDENT WAS UN		21b. TIME O	OF INJURY	H DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN	URY IN ITEM 18	PART OR PART 2]	
7	CAL	OR CONTRIBUTING			.M.	19					
	MEDICAL	21d INJURY OCCUR	RED		OF INJURY	OFFICE, FARM, ETC.)	211. LOCATION	CITY OR	OWN	COUNTY	STATE
	2	AT WORK AT WO	HILE DRK	(Al Home Si	THEEY, THE TONY, C	orrice, rann, ever					
		220.1 certify that (1)	(this hospita	1) ottended t	he deceased	5/1-	1985				that (I) (we) last
		sow the deceos obove, (1) (yee) (ed olive on _ did) (did not)	view the body	y ofter death.	19 d , or	d that in (my) (our) opinio	n death accurred on the	date and ho	our and from the	couses stated
		22b. SIGNALIRE	nn	1		ho	DEGREE	UEDIC II		22c. DATE	SIGNED
	- 13	/ aul	(de	ano		111	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	ICIAN []	3/2	8/85
1		228. PHYSICIAN'S N	,				22e. ADDRESS		T. Die		TISTITES
		Pau	ıl	Cel	one A	1.D.	600 N. Wol	f Street, Ba	ltimo.	re, Mari	land
	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C		23d LOCATION		COUNTY	STATE
		(remation	2	May 28	1985	(ratio	r & Ferris	West (he	ster.	Cheste	Co. Par

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR:

(VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, crematian,

24 FUNERAL DIRECTOR Lee A. Patterson & Son, Perryvelle, Marylando

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NOTTON NO

(harlotte, m. connect mu 27, 17 5 12:19

Jende hite une 7, 1949 35

Conomine 32 West hed mill hard course life ——

Jende Cecil Conomine hit hard it had mill hard

Jente Med hill hard

Jente men Bertrice

Johnson 19-30-2999 cmer 6. Senett, 32 Ject hill has, Conomina, d.

Toul Jelano 1.1. 600 N. Holf Sineet, Sultimon, Indian.

- convicted survived survived

,	1(11)	TIPE	J	oyce	Me.	lv'in	Boll	inger		2
6		3. SE	Female	4. RA		ite	5. DATE OF	6°4 1904	6. AGE	N YEARS LAST BIRTH
•	r death. Pag	oc	RTHPLACE (STATEORIE COUNTRY) OMOKE City ON TOWN OF DEA	tv. Nd.	U	WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED OTHER INSTITUTION	12a. USUA	ORE CITY OR COCUPATIO
MARYLAND 21201	ompletely filled in by the completely filled in by the cond 2 should be filled win is charmen must be fightly as it charmen must be fightly the completely as the condition of the completely of the completely of the condition of	-85U/ 13a. S	Elkton AL RESIDENCE (# HURS STATE Md. Wither's NAME FMST Charles	J.	TAPINSU I INSTITUTION	H'AHOSPITT	ADDRESSION) ADMISSION) N	3d. INSIDE CITY LIMITS YES NOSTER'S MAIDEN FIRST Alex	Präct ? 13. STREI 3420 NAME	et address Old
BALTIMORE,	an and on s. Pages		VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED (IF YES, GIVE WAR		219-10-3		^{7 INFORMAN} 342(Benjamin	0 01d L. Bo	Elkone llinge
AL RECORDS, 201 W. PRESTON ST., B.	he law requires that the death certificate on. has been signed by the attending physici t permit. Then please remove carbon paper iene prior to burial, cremation, or removal.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse PART OTHER SIGN 19a. DATE OF OPERA	which mediate lost.	DUE TO, CO (b) DUE TO, CO (c) DITIONS C	DR AS A CONSEQUE	ENCE OF ENCE OF	ot related to the t	(dt	ASE OR COND
DIVISION OF VITAL	O HOSPITAL OR ATTENDING PHYSICIAN: The storned by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate hospital for use as the build-transit positive file detached for use as the build-transit powint in State Dept of Health and Mental Hygient with the State Dept of Health and Mental Hygient MPOTTANT: If hem 21 is marked or hem 18 show	MEDICAL CERT	21g. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH CALEXAMINER) RED (this hospital) of ed olive on did (did not) view	PP 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. The deceosed from 19	ARM.ETC)	that in (my) (our) opin GREE ATTENDING PHYSICIAN 276 ADDRESS	URRED (ENTER	CITY OR TOWN
	01 01 V		BURIAL, CREMATION,	REMOVAL 1	L DATE	1401C 0	NAME OF CE	METERY OR CREMATO		CATION CITY OR TOWN

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH

REG. NO. MONTH DAY YEAR 2b. HOUR DAY) IF UNDER 1 YEAR IF UNDER 24 HRS YRS. COUNTY OF DEATH cil 126 KIND OF BUSINESS OR Nursing WORKING LIFE Vurse Road Neck Brittingham ck Rd. Elkton, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TION GIVEN IN PART 10 b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [NO [IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , that (I) (WE) last e and hour and from the causes stated 22c. DATE SIGNED

REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

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FOR

REGISTRAR

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24. FUNERAL DIRECTOR

HAME

FIRST

DECEASED NAME

- STATE

And the state of t

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ather traumatic event,

DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

١	FOR - STATE REGISTRAR				IEALTH AND MENTAL HY	GIENE 🞖 💃	REG. NO.		
	DECEASED NAME FIRST	M	DDIE		LAST	20. DATE OF D		DAY YEAR	2b. HOUR
L	MARY	F		В	OLTON	MAY	23	. 1985	D. M
1	1.EX	4 RACE			OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	Female	White	100	AUGI	JST 18, 1895	8	9 YR	MONTHS DATS	HOURS MIN.
71	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land	76 CITIZEN OF W		3	D NEVER MARRIED		MD.		
Ti	CITY OR TOWN OF DEATH Elkton	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AD N HOSPITE	DRESS)	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO Homem	R MOST OF WORKIN		OF BUSINESS OR
1	SUAL RESIDENCE (IF NURSING HOME 30. STATE 136 CO	OR OTHER INSTITUTION OF UNITY	IVE RESIDENCE BEFORE AS 13c. CITY OR TOWN Elkton	DMISSION)	134 INSIDE CITY LIMITS? YES NO		DRESS / ZIP C		21921
ľ	FATHER'S NAME FIRST George	MIDDLE F	11ingame		15 MOTHER'S MAIDEN N		B.	Stap.	leford
16	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURI	TY NO.	17 INFORMANT		ADDRESS		
1	No	Sive WAR OR DATES)	212-26-12	229	Mr. John B.	Bolton,	Jr. El	kton, Md.	21921
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	ATE CAUSE (a)	CHICINA	OPU	masny	MES.	1	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ŀ	Canditions, if any, which gave rise to immediate	DUE TO, OR	AS A CONSEQUEN	1 / Ic	minds 51	PSIS		120	ins
	cause (a), stating the underlying cause last.	(c)	AS A CONSEQUEN	Low	JA			Z	Days
ŀ	PART 2 OTHER SIGNIFICAN	T CONDITIONS COL	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER	minal disease (OR CONDITION	GIVEN IN PART I	a
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDII	ION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPS	OY? 20b IF	YES, WERE FINDI RTIFYING CAUSES YES	NGS USED OF DEATH?
		DEATH HOUR A.M	. MONTH DAY	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM	(8 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF THE CA	21e PLACE O (AT HOME STREE	F INJURY ET, FACTORY OFFICE, FAR	M, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
l	saw the deceased alive abave, (1) (we) (did tolid	m. My	97 19 15		Mul. 19 9 nd that in (my) (aur) apinio	, , ,	my 2	,	that (1) (we) lost couses stated
	22b. SIGNATURE	Your		4	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [22c DATE	
	22d. PHYSICIAN'S NAME (TYPE	USPIL	165 MD		721 Bridge			, Md. 219	21
2.	Burial, CREMATION, REMOVA (SPECIFY) Burial	3b. DATE 5-28-8			EMETERY OR CREMATORY Cometery	CITY OR	on Town peake C	ity. Mary	STATE 1and
24	HICK HULL for	FUNERALS,	ADDRESS		21921		ISTRAR 25b. REC	SISTRAR'S SIGNAT	TURE

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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

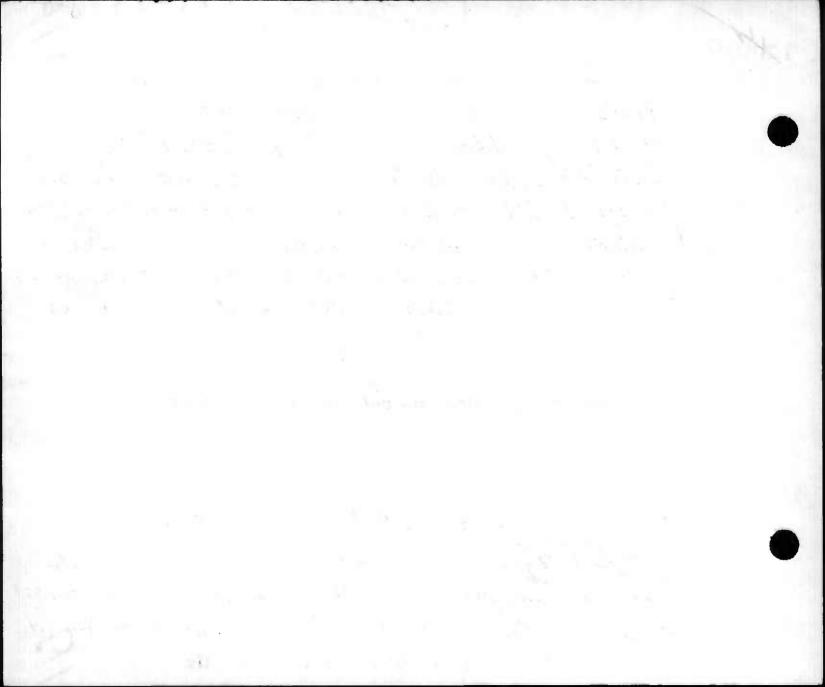
1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ı	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
Ì	I. DECEASED NAME THST		LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
l	I-Ren			5	114/85 0018 M
١	1 SEX	4. RACE 5. DATE 6	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
4	TE BRITHPLACE ALMAN OF FOREGOD	7b. CITIZEN OF WHAT COUNTRY? 8	4 17,1927	9. BALTIMORE CITY OR CO	YRS DUNTY OF DEATH
اد	Misuland	U.S.A. WIDOW	ED NEVER MARRIED DIVORCED	(ecil	CO MD.
1	TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOTAN SUCH EACH ITY, GIVE AT REET ADDRESS)		120. USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WO	RYING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
1	USUAL RESIDENCE IN MINISTER OF THE COLOR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS (2)	CODE St. A-6/21001
	Howard	Mench Mench	15. MOTHER'S MAIDEN NAM	MIDDIE	Cooper
-	THE WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 218-20-2502	S. F. Bownan.	Jr. M. J. R. 12	-Smethpert, PA. 110749
	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), ond (c) DBY: E CAUSE (o) CANDIOPAC	MODORY A	MES7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MUNICIPALS
	Conditions, if any, which gave rise to ammediate cause to stating the underlying course last.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	SHOUL		
		ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	11.0-1	ON GIVEN IN PART 110
,	MCTASTATION THE DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		20a AUTOPSY? 200	LET IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
1	OR CONTRIBUTING TO CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18 PART E OR PART 2)
	4 ETHER NOTEY MEDICAL EXAMINER THE INTER NOTEY MEDICAL EXAMINER	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
			ind that in (my) (our) opinion o	to to	that (I) (we) lost and hour and from the causes stated
	THE SIGNATURE	Son we	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE/SIGNED
1	224 PHYSICIAN'S NAME (TYPES	/ X 1/2	22e ADDRESS	DE STATES C	- (M) 21921
	230. BURIAL, CROMATION, REMOVAL		CEMETERY OR CHEMATORY	23d LOCATION A CITY OR 10WN	Parties Mary hard
	24 FUNERAL DIRECTOR NAME TOUT IND FUNERAL TO	me, P. A. Abordin Md.	2100/-3399 M	E REC'D. BY REGISTRAR 256. AY 1.5 1885	REGISTRAB'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TID FUNERAL DIRECTOR A should be detached for one with the State Digit of Hea IMPORTANT IT from 21 or m



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages hand 2 should be detached for use as the burial transit permit. Then please remove carbonpapers. Pages hand 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

24 FUNERAL DIRECTOR

FELLOWS F.H. 226 E. MAIN STOCECILTON, MD 21913

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medica

STATE OF MARYLAND

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1	the said	- 4	9	

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 13 1985

1 -	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	4 4 9	
1. DE	CEASED NAME FIRST	MIDDLE	LAS	17	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
(TYPE	JOHN	WILLIAM	CALLIH	AN	MAY 6, 1985		745 PM
3. SEX	X	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	CAUC.	JAN	3 1930	55 YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED	V	9 BALTIMORE CITY OR COUN	TY OF DEATH	
V	IRGINIA	U_SA	WIDOWED	DIVORCED	CECI	_	MD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE UNION HOSPITAL	OF CEC		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING QUALITY CONTR	WEET INDUSTRY	SO IND.
130. 5	STATE 136. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFULL 130 CITY OR TO	No	YES NO	130 STREET ADDRESS	STONE	DR
A. FA	AN EDWA	RD CAllihAN)	ROTHER'S MAIDEN NAV		LIVAN	ST
		ARMED FORCES? 166. SOCIAL SEG	CURITY NO.	17. INFORMANT	ADDRESS		
(1	N/A	230-28	-5519	BARBARA CALI	LIHAN wife sar	ne	
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) SOLCOT DUE TO, OR AS A CONSEQ	DUENCE OF				
N	PART 2, OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a,
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED		YES, WERE FINDII TIFYING CAUSES YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI	DEATH HOUR A.M. MONTH		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)	
MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive above, (1) (we) (did) (did	on 5-6 19 nat) view the bady after death.	85 , ond	that in (my) (our) opinion o	, ta 5 - 6 death occurred on the dote and h	our and from the	
	Joann R	osenfeld, m	D.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/2 DATE	7/85 2/8/2
	JO ANN R	osenfeld M	0	Cecil-Kent	+ Health Ser	v. Ceci	FON
23a. B	BURIAL, CREMATION, REMOVA			METERY OR CREMATORY ROOK CREM.	WILMINGTON .	N.C. DE	STATE

DHMH-16 60M 1/73 (VR A 15 (4))

etained by the hospital or attending physicion.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	3	4	63	8	6

DEC. NO

una waydson Randoke

									REG. NO.			
	CEASED NAME	FIRST	٨	AIDDLE	L	AST		20 DATE OF D	EATH MONTH	DAY YEAR	26 HOU	IR D
0,0,0		ENC	E	_	I	AW 5	SON		5%	16/85	142	2 7
SE			RACE		5. DATE C		YEAR	6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS
Ę	emale		Whit	e			15, 1921	6	3 YRS		NOOKS	period.
	RTHPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	B AA A DDIE	n l Never	MARRIED -	9 BALTIMORE	CITY OR COUN	TY OF DEATH		
-	aryland	1	US	A	WIDOWE		ONORCED [Ceci	1			MD.
0. C	TY OR TOWN OF DEA	TH /		OSPITAL, NURSING		OR OTHER IN	STITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING	12b. KIND C	F BUSINE	SS OR
	Elkton			n Hospita				Clerk-		harmacy	-	
	AL RESIDENCE (IF NURSI	NG HOME OR O		GIVE RESIDENCE BEFORE		1 13d. INSIDE	CITY LIMITS?	13e.STREET AD	DRESS / ZIP CO	DE 44	44	4
-	laware	Wew (Castle	Bear		YES 🙀	NO 🗌	2711 D	enny Dri		51/	
3	THER'S NAME	M	DDLE	ŁAST		15. MOTHER	R'S MAIDEN NAM		MIDDLE	LAS	ST	
	Robert	- 1	١.	Harr ig	an		Laura		М.	Mal		
	(AS DECEASED EVER I		ED FORCES?	166 SOCIAL SECUR		17 INFORM	ANT		ADDRESS			
	No		3,12,112,07	217-24-6	576							
	18 CAUSE OF DEATH			lipe for Di, (b), and	(C)	0	^_1			BETWEEN	IMATE INTER ONSET AND	RVAL DEATH
	PART I. DEATH W	MMEDIATE		ard	(0)	les	nerolo	24 (res	1		
			DUE TO, OF	AS A COUSEQUE	ICE OF	11-1	1/	# -	0111			
	Canditians, if any,		(b)	MY	1 Can	dial	chefore	lin	CVA-			
	gave rise to imm cause (a), stating	g the	DUE TO, OF	AS A CONSEQUE	VCF DE	. 17	1	1	100001	1		
	underlying cause	last	((c)	Diel	de	4 14	yperles	m	yfreusal	your.		
2	PART 2 OTHER SIGN	IFICANT CO	onditions <u>cc</u>	NTRIBUTING TO DI	EATH BUT	NOT RELATE	TO THE TERMI	INAL DISEASE C	OR CONDITION C	GIVEN IN PART 1	0	
NOL		10.1			DED ATIO		22152	In	W2 [00] IF S	VEC. WIERE EINING	105.055	
2	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (PERATIO	N WAS PERF	ORMED	20a AUTOPS	INCER	TIFYING CAUSES		
H	71g. ACCIDENT WAS UND	ERIVANO [7]	21b TIME O	E INTILIDY		Tale HOW!	NUIN OCCUR			YES	NO [
0	OR CONTRIBUTING C		110110	M. MONTH DA	Y YEAR	ZIC HOW I	INJURT OCCURR	ED (ENTER NATUR	E OF INJURY IN ITEM I	8 PART I OR PART 2)		
NCA.	(IF EITHER NOTIFY MEDIC		P./		19	211 1 0 5 1 7	TOTAL TOTAL					
MED	21d INJURY OCCURR		21e PLACE (DE INJURY EET, FACTORY, OFFICE FA	RM ETC }	211 LOCAT			ITY ON TOWN	COUNTY		TATE
	AI WOR	K -							5/71	0.5		
	saw the decease		1) attended the	deceased from	5	10.00	19.00	, 10	1 26	-	that (I) S	_ ,
	above, (I) wend	id (did not)	view the bady		1		y dort aprillair o	seam accurred o	in the date and h	au and from the		ated
	22b. SIGNATURE	('	\	XX		DEGREE	ATTENDING V	MEDICAL	STAFF	22¢ DATE		
	22d. PHYSICIAL	111	Gry	(8)	lle	DA ADDON	ATTENDING PHYSICIAN	DIRECTOR	PHYSICIAN [3-4	26-85	
	ZZd. PHTSICIAD	YPE OR I	PRINT	1	(ADDRE					0.00	
-		103	FPH	LANZ	/ M.				- -	on, Md.	2192	1
	BURIAL, GREMATION, I	REMOVAL	23b DATE				CREMATORY	23d LOCATH CITY OR	TOWN	COUNTY	5	TATE
4 E	Burial		5-29-	85 Che	erry	H111 M	ethodis	Cemete	ery Che	TTY HILL	Md	•—
1 1	NAPKWE MINE HOLD	/ w	411	, y			Z30. DATE	L KEC D. DI KEC	NOTRAK 138. KEG	IN MOIC C NAME	OKE	

21921

ADDRESS ELKTON.

DHMH - 16 50M 4/83

(VRA 15, 4)

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FOR

- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😤

area. Star Star Star S. Carlo S. Carlo

Allenes Company

23b. DATE

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Hart's Cemetery

Home North East.

DAY

MONTHS

YES [

23d LOCATION

North

MO DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

COUNTY

was varydron francess

East Cecil

22c DATE SIGNED

YEAR

DAYS

IF UNDER 1 YEAR

INDUSTRY

Conway

East. Md

7h HOUR

HOURS

12b. KIND OF BUSINESS OR

Turkey Pt.Rd.

IF UNDER 24 HRS

Estate

STATE

8

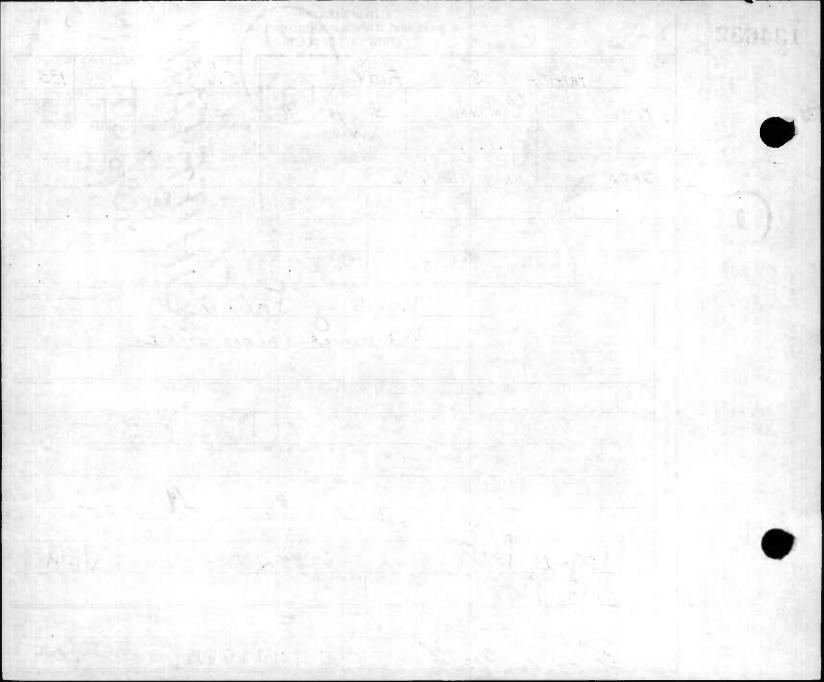
STATE

21901

DHMH - 16 50M 7/77 (VRA 15(4))

230. BURIAL, CREMATION, REMOVAL

FOR



In by the funeral director, page 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	with 624 hours o
ALTIMORE, MA	Die be en fold
PRESTON ST., B	ne deoth certified
ORDS, 201 W.	requires that the
OF VITAL REC	CIAN The low 3 physician
DIVISION	NDING PHYSI
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate tretained by the hospital or ottending physician.
	6 9

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	4	4	8	

7	١-	REGISTRAR			CERTIF	ICATE OF DEATH	RE	G, NO.		
		CEASED NAME FIRST WILLIAM		WIDOLE	11-11	(ELAL)	2a. DATE OF DEA	5/19/	105	1 44 A
	3. SE)		RACE	7.	5. DATE O	ELOW	6 AGE (IN YEARS L	AST MONTHAN	FUNDER I VEAR	If UNDER 24 HBS
	3. SE	MALE	CAUC.	0	DEC		60	The state of the s	SHIPS BAYS	HOURS T MAL
6 3	Ja Bl	RTHPLACE (STATE OR FOREIGN)	L CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE C	ITY OR COUNTY	OF DEATH	
記り	Í	CARLEVILLE MD	USA		WIDOWE	DINEVER MARRIED	(Cer	1/ 60		MD.
Cartee	10 CI			HOSPITAL, NURSIN	G HOME C	CECIL CO.	120 USUAL OCC	UPATION WORKING LIFE	126 KIND	OF BUSINESS OR
15	13a. S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b COUNT ARYLAND CECT	Y	GIVE RESIDENCE BEFORE 136 CITY OR TOW EARLEVI	7	13d. Inside city Limits? Yes \(\) NO 👸	5363 A	RESS / ZIP CODE UGUSTIN	E HER	MAN HWY
100	14. FA	THER'S NAME	IDDLE			15 MOTHER'S MAIDEN N	NA III	0015		AST.
10/10		JEŚŚE D.		HEVEL	OW	RACHEL	J.	HUS	FELT"	
dico.		VAS DECEASED EVER IN U.S. ARA	NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Į.	ADDRESS		
ž/		NO	THE ON THE ST	215-32-	2932	MM EDGAR	HEVELOW	WARWIC	K MD	21912
roumotic event, it		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate	CAUSE (o)	or line for (0), (b), one					BETWEEN	XMATE INTERVAL 4 OMSET AND DEATH
injury, or other troumo	NO	couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE TER	rminal disease or	CONDITION GIVE	N IN PART 1	(0
ou o	RTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY			INGS USED S OF DEATH? NO [
tem 18 shows	EDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		DF INJURY .M. MONTH DA .M	YEAR	21¢ HOW INJURY OCCU			RT I OR PART 2)	
morked or Ite	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY OFFICE F	ARM ETC I	21f LOCATION STREET	<u>. (</u> (1)	Y OR TOWN	COUNTY	STATE
m 21 is ma		22a I certify that (1) this haspite saw the deceased alive on above, (1) (we) (did) (did not	5/18	19_6		d that in (my) (our) apinio	n death occurred on	the date and hour	and Irom the	
<u>*</u>		30ann 1	Zosen	feld,	mr	HYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []		9-85
MPORTANT: IF	,	Jo Am	fe10	1 1	70	220 ADDRESS	Ton,	md		
S 1	23a. B	SURIAL, CREMATION, REMOVAL	236 DATE 5/21/			EMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	MARVI MID

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burnal-fransit permit. Then please remove confiam paper with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or immoval.

24 FUNERAL DIRECTOR

5/21/85

CECILTON ZION

CECILTON, CECIL, MARYLAD
C'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Sulia Varidon Rondate

F.H. 226 E. MAIN ST 21913

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE 👸
CEI	RTIFICATE	OF DEATH	

5	G	4	ber 3	8	6

	REGISTRAR				REG. NO.					
	CEASED NAME E OR PRINT)	EIRST	MIDDLE	A LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
		-UC/4N	J. Jet	FERSON		21/85 001				
3. SE	X	4 RACE		E OF BIRTH NTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAP)	MONTHS DAYS HOURS				
1	Female	Whit		uary 1, 1907	78 YRS					
	IRTHPLACE (STATE OR F	FOREIGN 76. CITIZEN O	F WHAT COUNTRY?	RIED NEVER MARRIED	1. BALTIMORE CITY OR COUN	//				
	t Virginia	U		WED DIVORCED	CCCII	(10				
	ITY OR JOWN OF DEA	TH / 11. NAME OF	F HOSPITAL, NURSING HOM UCH FACILITY, GIVE STREET ADDRESS]	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRIBLE VIC				
	EIKTO		Hospital		Visiting Homen					
USU.			N, GIVE RESIDENCE BEFORE ADMISSIO		13e.STREET ADDRESS / ZIP CO	DC.				
7	ry land	Cecil	Elkton	134 INSIDE CITY LIMITS?	108 Elkton Bly					
_	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME					
	William	MIDDLE	Johnston	Solinda	MIDDLE	Bennett				
160		IN U.S. ARMED FORCES			ADDRESS	Dennect				
- (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	219-12-8294	Mrs. Colinda	Manimore Filet	on Md 2102				
=		<u> </u>		THES. SOLINGS	Masimore, Elkt	APPROXIMATE INTERV BETWEEN ONSET AND D				
	PART I. DEATH W	H (Enter only one couse p /AS CAUSED BY:	er lighter (a), (b), and (c)	CA TINE	2-1	BETWEEN ONSET AND D				
		IMMEDIATE CAUSE (a)_	1 will	CC VO						
1		DUE TO	OR A CONSEQUENCE	1. AA - 6	1 1 Data					
	Conditions if any		Cardiac	William P	The surve	γ				
1	Conditions, if ony, which gove rise to immediate									
	cause (a), statir underlying cause		OR AS LONSE ODENCE OF	VD CUM	Kur (O. H. F.					
1	(c)									
	PART 2 OTHER SIGN	WICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATIVE TO THE TERM	INAL DISEASE OR CONDITION G	GIVEN IN PART 10				
HICATION	and	rrely ~	Christic	alus						
713	190 DATE OF OPERA	TION 196 CON	DITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 206 IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH				
一重					- 4./	YES NO NO				
7 8	21a. ACCIDENT WAS UNI		OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM IS	8 PART I OR PART 2)				
(C.)	OR CONTRIBUTING	CAUSE OF DEATH	A.M. MONTH DAY YEA							
1 5	(IF EITHER NOTIFY MEDI-		P.M. 1: E OF INJURY	21f LOCATION						
MEDICAL		LATHOME	E OF INJURY STREET FACTORY OFFICE FARM ETC.)	STREET	CITY OR TOWN	COUNTY 51				
1-	AT WORK NOT WE	RK				-				
1	22a I certify that (I)	the harmal ottended		4-66 , 19	to					
		distribute on	15 19.85	and that in (my) remail opinion	death occurred on the date and h	our and from the causes stat				
1	22b SIGNATURE	the boo	dy ofter death.	DEGREE	/	22c. DATE SIGNED				
- 1	Karl	MULLA			MEDICAL STAFF DIRECTOR PHYSICIAN	5-21-8				
_	1vui	Jourse			DIRECTOR PHYSICIAN	13-210				
	22d. PHYSICIAN'S N	. ~		22e ADDRESS	2 Can N. HA CO	AMARIC				
	LWI	SM.CC	IZA M.D	324E Cecu	are. North E	ar. 111d 217				
23a.	BURIAL, CREMATION,	REMOVAL 236 DATE	23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION	COUNTY ST				
	(SPECIFY) Burial	5-23	-85 E1kt	on Cemetery	Elkton, Mar	vland 21921				
24 F	UNITRAL DIRECTOR A	(1/1	1 /	25a. DA1	E REOLD AMO LISTRARISM AGO	STRAR'S SIC NATURE				
	- Arlok	1.61 Dice	BA ADDRESS		4 7 1300					
H	I CKS HOME	for FUNERAL	S. ELKTON, MD	. 21921	-					

DHMH - 16 50M 4/83 (VRA 15, 4)

respined by the hospital

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Authorized School and the first section of the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

If them 21 is marked or item 18 shaws any injury, or ather traumatic event, the medical exam

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		-	- 20	,		

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL F

HYGIENE	8	5	1	4	6.3	8	

2	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10.		
		CEASED NAME	FIRST	N	NOOLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	() Tre	ORPRINT	JENNIE	(N	MI)	K	EENAN	5/.	3/85		2 PM
	3 SEX	and the same of th	4	RACE		5. DATE C		6 AGE (IN YEARS LANT I	MONT	HS OAYS	IF UNDER 24 HRS HOURS MIN.
P		FEMLE		WHIT		02		88	YRS.		
, 17		COUNTRY)	FOREIGN 76	CITIZEN OF V	WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
1	16	17154/10	inia	U5	H	WIDOWE	DIVORCED [CECIL			MD.
2	10 CI	TY OR TOWN OF DE	ATH 1			JRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE]	26 KIND O NDUSTRY	F BUSINESS OR
10		ELKTON		-June	lun	<u>MM</u>	50. Untr.	Homemake	r		
20	13a S		13b. COUNT	Y	13c. GITY OR	IQWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS		1	
0		THER'S NAME	Ceci	Ţ	Elkto	on	YES X NO	100 Laure	el Drive	12	1921
7/	14. FA	FIRST	MI	DOLE	LAST		FIRST	WIOOFE		LAS	
10	14n \A	Abel /AS DECEASED EVE	DINITIS ADAM		nderso	SECURITY NO.	Sarah 17 INFORMANT	ADD	RESS	ler	son
	(1)	ES, NO OR UNKNOWN)		WAR OR DATES)	KOR 20	1-111/5	IIm Kana	- AG-	mu P	Q	
	ŲΠ	KNOWN	711.5		170-1	COLL	Will real			APPROXI	MATÉ INTERVAL ONSET AND DEATH
		PART I. DEATH	WAS CAUSED	BY:		ESPINAT	any Anns	5-		MI	MINSET AND DEATH
		IMMEDIATE CAUSE (6)								1.775	747.
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (1b) PNTUMONIA								T	1245
		gave rise to immediate cause (a), stating the DUFTO OR AS A CONSEQUENCE OF									
		underlying cause last. (c) PNOBABLE ASPIMITION OF FOOD 1245.									
	_	PART 2 OTHER SIG	- /	7	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM		0.00	N PART 10	9
	01	1-147	TRTES	10.0	ESSWYI	AL)	CIRIBROVAS		ISCASE		
7	CERTIFICATION	19a DATE OF OPER.	ATION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	106 IF YES, WI		
4	RTIF	21a. ACCIDENT WAS U	untivale Fi	21b. TIME O	E INTUINV		21. HOW INTURY OCCUR	YES NO	YES [NO []
9		OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I	OR PART 2)	
/	MEDICAL	LIFEITHER NOTIFY MEI		P./ 21a PLACE (19	21f LOCATION				
	ME	WHILE NOT	VHUE []			FICE FARM ETC)	STREET	CITY OR T	OWN	COUNTY	STATE
		22a I certify that		l) attended #hr	deceased fi	rom 3	14 10 8K	to 5	/2 19	85	that I (we) lost
		site the decer	sed plive per	4/3	0		nd that in my (our) opinion	death occurred on the	date and hour one	d from the	couses stated
		226 SIGNATURE	and total nation	** the body	offer death.		DEGREE			22c DATE	SIGNED
		1	m l	Vano.			MD ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	5/	2/15
T	i	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT			22e. ADDRESS		/	1	
1		LINWa	D SI	2166.	110		721 15/1068	STACK	ELKO), M	021921
	23a B	URIAL, CREMATION	, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		YTAU	STATE
	L_'	Burial		5-6-85		Cheste	r Rural	Chester	De	la.	Pa.
3	24 FL	HACKS H	OME ES	- OF VINERD	le ADDE		1 250. DAT	TE REC'D. BY REGISTRA	Z A. K		URE
	_	RODA	6	Hock	ا دولاه	616	Jon 146 MA	THE THE	gitta da	74400	Juna

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



filled in by the funeral director, page 3, rould be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	REGISTRAR		CERTIFI	CATE OF D	EATH	REG. NO).			
		CEASED NAME FIRST OR PRINT) EVA	MIDDLE		sir K		20. DATE OF DEATH	OS L	89	6:44	
	3. SE)	(RACE	5. DATE O			6 AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER	
1		Female	white	MONTH 80	JAY J6	87	97	YRS.	ONTHS DATS	HOURS	MIN.
	_		. CITIZEN OF WHAT COUNTRY	? 8.			9 BALTIMORE CITY O		OF DEATH	-	
	9	Delaware.	115	WIDOWE	NEVER M	ORCED	Poril				MD.
4	10 CI		NAME OF HOSPITAL, NURS		-		12a USUAL OCCUPATION	N	126. KIND O	F BUSINE	
1	Ri	sing Sun	aluer F Mar	por No	ursing	Home	HOUSE wife		INDUSTRY		00
5		AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT Pa.	THER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TO OX FOR		13d INSIDE CI	TY LIMITS?	130 STREET ADDRESS /	ZIP CODE	1 34	19	1363
C	J e FA	THER'S NAME	Bart	on	15. MOTHER'S	MAIDEN NAM	MIDDLE .		meI	ht	ire
5		VAS DECEASED EVER IN U.S. ARM res, no or unknown) { IF YES, GIVE	ED FORCES? 16b. SOCIAL SEC MEDICATION 175-28.	2	17. INFORMAT		iek O4	lord, F	7 193	63	
		Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO	UENCE OF	and	NOO	d-loss an	emia	seve 14	ue la	mont
	NO	PART 2. OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO					OITION GIVE	N IN PART 1	o o	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFOR	RMED	20a AUTOPSY?		WERE FINDING CAUSES		H?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW IN	URY OCCURRI	ED (ENTERNATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	21f LOCATIO STREET	N	CITY OR TO	VN	COUNTY	S	TATE
		27a. certify that (1) (this haspite saw the deceased alive on _ abave, (1) (we) (did) (did nat)	Clpic 15 19	-	d that in my	our) opinion d	, ta	te and hour	ond from the		we) last ated
		Faye R.	Doyle	2168			MEDICAL STAF		May		>5
		FAYE R. DE	PRINTI		120 ADDRESS	Locu	ust St. Oxu	ord.	Pa-19	36	3

DHMH - 16 50M 4/B3 (VRA 15, 4)

etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event,

MPORTANT: If them 21 is marked or them 18 showsony

NAME

230 BURIAL, CREMATION REMOVAL

(SPECIFY) 24 FUNERAL DIRECTOR 23c NAME OF CEMETERY OR CREMATORY

BY REGISTRAR 256. REGISTRAR'S SIGNATURE Levidson Bondalle

DHMH - 16 50M 4/82 (VRA 15, 4)

Burial 250. DATE REC'D

2b. HOUR

IF UNDER 24 HRS

UNDER 1 YEAR

126 KIND OF BUSINESS OR

Education

Paper

McKinsey

Newark, Dell Paper Old

STATE OF MARYLAND

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

NO I

COUNTY STATE

APPROXIMATE INTERVAL

22c. DATE SIGNED

New Castle Del.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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ISELUX 4.77 132 C. L. C. F. such de transferration of

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G PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Personal physician.	er this certificate hos been signed by the ottending physicion and completely littled in by the function is the burial-stransit permit. Then places remove corbon papers. Pages 1 and 2 should be filled within 724 and Mental Hygiene prior to burial, cremation, or removal.
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G PHYSICIAN: The offending physicion.	5 2 G
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S	9 - 5 - 6
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death cer retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-
TO HOSPITAL	TO FUNERAL Should be de
DHMH -	16 50M 4

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BP.	197
	16 50M 4/83 A 15, 4)
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1.	FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		4 0	9
	CEASED NAME OR PRINT)	FIRST		WIDDLE		AST	20. DATE OF DEATH		AY YEAR	26. HOUR
3. SE:		ABRAHAM	RACE WHITE	S	S. DATE O		MAY 20, 19 6. AGE (IN YEARS LAST BIR 64	THDAY)	FUNDER LYEAR	# UNDER 24 HRS HOURS MIN.
N	RTHPLACE (STATE COUNTRY) EW YORK	a compa	U.S.		WIDOWE			R COUNTY O		M
PE	RRY POINT	, MD	VA ME	DICAL CEN	ADDRESS)	dr other institution	PSYCHOLOG	ON SE WORKING LIFE)	U.S.	GOVT.
	AL RESIDENCE (IF N STATE NONE	IN COUNT NONE		WASHING	TON, D	134. INSIDE CITY LIMITS?	1255 NEW	AMPSHI	ERE AVI	20036 E.,N.W.
14. FA	ATHER'S NAME FIRST Louis		DDLE	LEVIN		FANNIE	MIDDLE		UNKŃ	NWC
	VAS DECEASED EV YES, NO OR UNKNOWN) YES		ED FORCES? WAR OR DATES) L945	464-52-		ROSE MARIE LE	ADDRI EVINE, WIFE,		S ITEM	#13
	18 CAUSE OF DE. PART I. DE ATH	ATH (Enter only WAS CAUSED IMMEDIATE	BY:	Ine for (a), (b), on ARTERIOS		IC CEREBRAL V	ASCULAR DIS	EASE	APPROXI BETWEEN	imate interval Onset and death
7		mmediate of the use lost.	DUE TO, OF	R AS A CONSEQUE	ence of	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 16	0
CERTIFICATION	190 DATE OF OPE	C BRAIN			OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
MEDICAL CER	210. ACCIDENT WAS I OR CONTRIBUTING [{IF EITHER, NOTIFY M 21d. INJURY OCCU	CAUSE OF DEATH EDICAL EXAMINER) JRRED	P.I 21e PLACE	M. MONTH D. M.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
	22a.1 certify that sow the dece above, (2) (we	NOT WHILE AT WORK AT WORK that Me (this hospital) attended the deceased deceased alive on MAY 20 (we) (did) (did ngt) view the body after death			85	nd that in (our) opinion (, to			
	22d. PHYSICIAN'S	NAME ITYPE OR F	PRINT)	M.D.		ATTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF X		-20-85
	ANGEL O		•			VA MEDICAL CE		POINT	, MD.	
23a. E	BURIAL, CREMATIO (SPECIFY) CREMA	removal FION	236 DATE 5/22/			EMETERY OR CREMATORY LITAN CREMATOR	23d LOCATION ALEXAND	RIA, V	IRGINI	STATE
24 FI	UNERAL DIRECTOR		1804	T ST.,	N.W.	25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE

Richard Rapp Inc., Washington, DC 20009

MAY 2 4 1985 Lavidson Ronde 20

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Γ.	REGISTRAR			CERTIF	ICATE OF DEA	TH	REG. NO	o				
	E OR PRINTI	FIRST	MIDDLE		AST		10.04.12.0.02.4.1.1	MONTH	DAY YEAR	2b. HOUR		
	u, u	Dilliam	Taft		Maker		211182			0320 M		
3. SE		4. RACE	В	5. DATE O		ťő	6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS		
	IRTHPLACE (STATE OR FOR COUNTRY)		USA		8. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY O	OF DEATH	OF DEATH MD			
Elkton		Union	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A Hospital	120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY Brick Mason								
	STATE 13	home or other institution County	North Ea	N .	13d. INSIDE CITY L	IMITS?	3279 Turke	Poir	nt Road	21901		
IL F	14 FATHER'S NAME FIRST MID John		Maker	н	15. MOTHER'S MAIDEN NAME Lottie MIDDLE				Holland			
	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)			Virginia Maker same as above							
	Conditions, if ony, v gove rise to imme- couse (a), stating	DUE TO,	OR AS A CONSEQUE	NCE OF	diol)	mf	andin			WATE INTERVAL ONSET AND DEATH		
CERTIFICATION				ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			200 AUTOPSY?	S, WERE FINDI	WERE FINDINGS USED NG CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	ISE OF DEATH HOUR	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19			Y OCCUR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OR TOWN			STATE		
	22a. I certify that (I) (fl sow the deceased above, (I) (we) (did 22b. SIGNATURE		19	. 0			, to deoth occurred on the do					

TO FUNERAL DIRECTOR: After should be detached for use os with the State Dept. of Health

this certificate has been signed by

18 shows ony

MPORTANT: If Item 21 is

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

DHMH - 16 50M 4/B2

(SPECIFY) Burial

224. PHYSICIAN'S NAME (TYPE OR PRINT)

236. DATE 5/6/85 23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY St. Mark's Cemetery

22e. ADDRESS

North East

ATTENDING PHYSICIAN

Cecil

Md.

24 FUNERAL DIRECTOR Arnold Beard 353 Fountain St. Havre De Grace, Md.

MEDICAL STAFF

250. DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE

MAY 02 1985 Julia Davidson-Rondere

5/1/85

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to	FOR STATE REGISTE				
157077	1. DECEASED NA (TYPE OR PRINT)				
may , pag fer de	3. SEX				

and completely filled in by the foogs Land 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG	SISTRAR				CERTIF	ICATE OF DE	AIR		REG. N	0.		
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3. SEX	EMALE	4.	CAUC	· .	S. DATE C	NE 18,	1925	6. AGE (INY		YRS.	IF UNDER 1 YEAR	HOURS MI
WTEM. BEL.		reign 76	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEI				9. BALTIMORE CITY OR COUNTY OF CECIL			Y OF DEATH	OF DEATH	
EARI	EVILLE	#	SOT B	HOSPITAL, NUR		TAL BE	ACH	120. USUAL OF WOR HOME	K FOR MOST	OF WORKING L	IFE) INDUSTRY	OF BUSINESS O
	YLAND 13	HOME OR OTH	L L	GIVE RESIDENCE BE		13d. INSIDE CIT	Y LUAITS?	38°14EP	CUSI	LA.	CRYST	AL BE
JOI		MID	KOC	HUC LAST	t E	15. MOTHER'S		ME	WIDDLE		LA	ST
160 WAS D (YES, NO	DECEASED EVER IN	U.S. ARME (IF YES, GIVE W		200-18		17 INFORMAN NEIL		SON S	ADDR R. h		nd sam	ne
P	AUSE OF DEATH WAS	S CAUSEĎ E AMEDIATE (SY: CAUSE (o)	OUENCE OF	totic	Man	coll	las	Carêm	ж	Month	
gav cau und	ve rise to immerse (a), stating derlying cause	(c)	OR AS A CONSEQUENCE OF Action Circles Years CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
210. CERTIFICATION				n due	WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DE. YES NO						S OF DEATH?	
				PFINJURÝ M. MONTH M.	DAY YEAR	21c. HOW INJ	URY OCCURE	YES TED (ENTER NA			PART I OR PART 2)	NO [
WHI WHI	21d. INJURY OCCURRED WHILE NOT WHILE (21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFI	CE, FARM ETC)	211. LOCATION STREET	Z		CITY OR TO	NWO	COUNTY	STATE
	220.1 certify that (1) (this hospital) attended the deceased fram											
22b. :	SIGNATURE	Der	uhre)	ml	DEGREE AT PI	TENDING HYSICIAN	MEDICAL DIRECTOR	STA		22c. DATE	68/85
	PHYSICIAN'S NAM	E (TYPE OR PE	SE.	NITZ	TO .	CECIL		HEAL	TH S	ERV E	ES, CE	CILTO
	L, CREMATION, RE	MOVAL	236. DATE 5/28		30 NAME OF C	CEM.	REMATORY	GAL.	ENA,	KEN'	T. MAR	YLAND

DHMH-16 30M 2/80 (VRA 15, 4) 24. FUNERAL DIRECTOR

F.H.

226 E. MAIN ST.

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The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 134552 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH YEAR 7h HOUR (TYPE OF PRINT) Albert CO 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR mal 70 To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 01 Actory SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1125A38 1 188 611 YES THE NO [15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) W 41 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF ADVANCEN Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 60 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY ö CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from -19 sow the deceased olive on_ _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body offer death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING * MEDICAL STAFF PHYSICIAN V DIRECTOR PHYSICIAN 22d. PHYSICIAN'S ILLAME (TYPE OR PRINT) 22e ADDRESS

DHMH - 16 50M 4/82

D 4

(VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

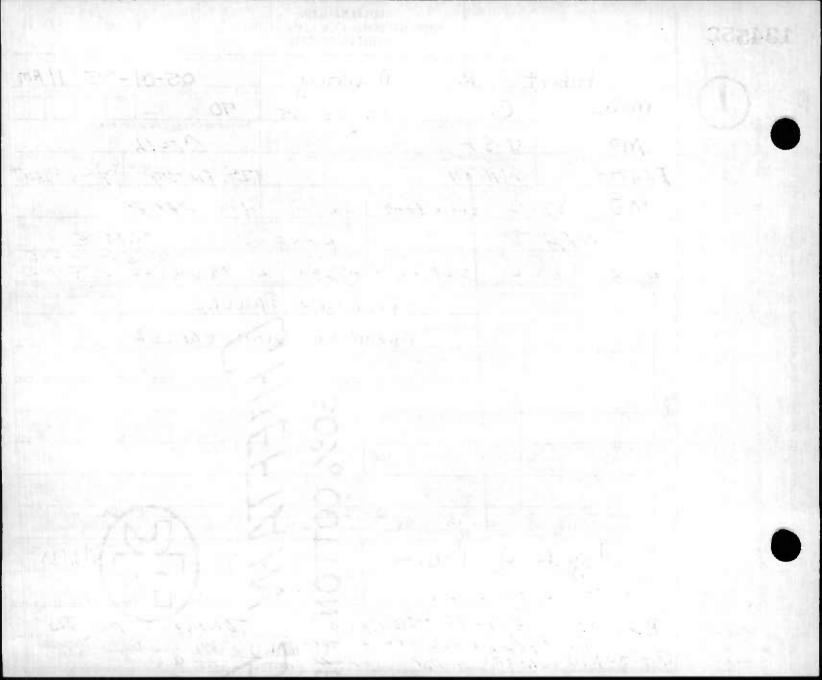
Yogish A. Patel, M.D.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

2006 Limestone Rd., Wilm, De 19808

1000



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

, STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO					

-	CEASED NAME FIRST		MIDDLE	1.7	AST		20 DATE OF DEATH	MONTH	DAY	YE AR		R
	E OR PRINT!										26 HOL	
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3 SEX		4 RACE		5. DATE O			6 AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER		IF UNDER	
	Male	Whi	ite	Feb.	16	1929	56	YRS.	MONTHS	DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIEG	□ NEVED	MARRIED A	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
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1	erry Point, Md.		HOSPITAL, NURSIN CHACILITY, GIVE STREET CE		R OTHER INS	TITUTION	178 USUAL OCCUPA ITYPE OF WORK FOR MOST Labore	OF WORKING L		KIND O USTRY	F BUSIN	SS OR
13a. S	ALRESIDENCE (IF NURSING HOMEO STATE (15. COU aryland Balt:	OTHER INSTITUTION NTY	136. CITY OR TOWN Baltimo	VN	13d INSIDE C	ITY LIMITS?	13e.STREET ADDRESS 306 East				21.	202
3	ATHER'S NAME FIRST Monty	WIDDIE	Nicodem	us	15 MOTHER	S MAIDEN NA FIRST	ME Unknown			LAS	Т	
		VE WAR OR DATES!	166 SOCIAL SECT		17 INFORMA		ADD					
	Yes 1946	-1951	442-24-	-0769	V.A.M.	C., Per	rry Point,	Maryl			902 MATE INTE	
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CATION	IMMEDIA	DUE TO, O (b) DUE TO, O (c) CONDITIONS C	or as a conseou Advanced or as a conseou	LENCE OF LENCE OF DEATH BUT	NOT RELATED	O TO THE TERM		NDITION GI	IVEN IN P	PART 10	IGS USE	
RTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	OR AS A CONSEOU Advanced OR AS A CONSEOU ONTRIBUTING TO ONTRIBUTION FOR WHICH	LENCE OF LENCE OF DEATH BUT	NOT RELATED	D TO THE TERM	200 AUTOPSY? YES NO	20b IF YE	ES, WERE	FINDING AUSES	IGS USE	H?
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BP. DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion mill should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pagawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

etoined by the haspital or attending physician.

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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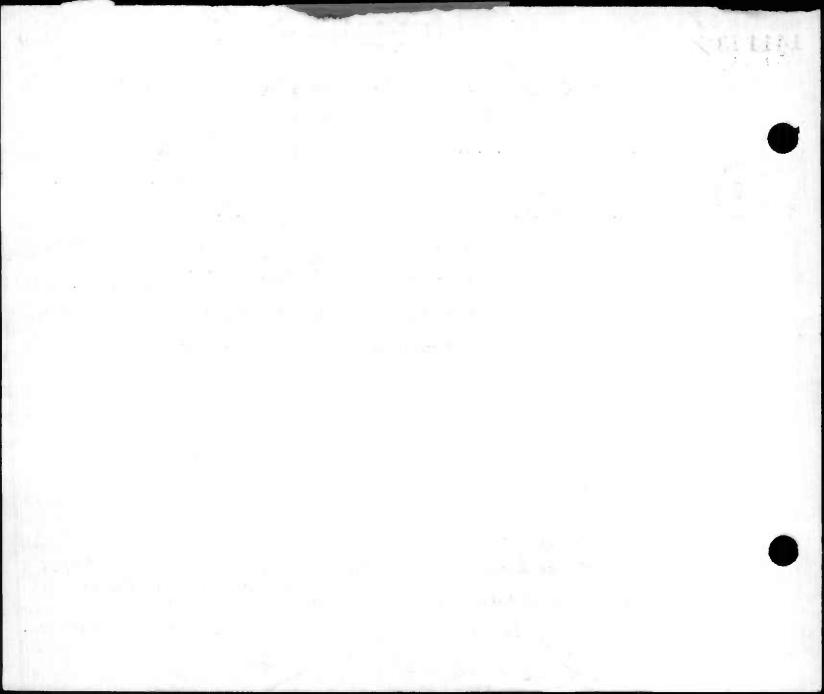
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43/8	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH AN CERTIFICATE O		NE Ö S).	4 4	9 6
		CEASED NAME FIRST		MIDDLE	LAST	2	a DATE OF DEATH	MONTH DAY	/	HOUR
deoth	(TYPE	HARD	47)	E	PATCH	YELL SA	5	-/13/	185	1357 M
<u>}</u>	3 SE	(4 RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT	HOAY] IF I		UNDER 24 HRS
		Male	Whi	te	May 11 DAY	19191	66	YRS.		
nce.		RTHPLACE (STATE OR FOREIGN OUNTRY) Md •	76 CITIZEN OF	what country? . A .	MARRIED NEVE	R MARRIED .	Cec	_	FDEATH	MD.
Office		ty or town of death Elkton	11. NAME OF I	HOSPITAL, NURSIN CHEACUITY, GIVE STREET UNION HO	og home or other 11 ospital	NSTITUTION	20 USUAL OCCUPATK TYPE OF WORK FOR MOST OF LA D	ON FWORKING LIFE) OT •	126 KIND OF B INDUSTRY In	USINESS OR
186	USU. 13a S	AL RESIDENCE (IF NURSING HOM TATE Md.	e or other institution.	Charles	town YES	E CITY LIMITS? 1:	FIREET ADDRESS /		2191	
remine.		THER'S NAME FIRST James	WIDOFE	Patchell		er's MAIDEN NAME		rice l	Murphy	
medicol		YAS DECEASED EVER IN U.S. YAS DECEASED EVER IN U.S. YAS DECEASED EVER IN U.S.	ARMED FORCES?	220-07-		mant a Patche		Box 1.	n. Md.	219
of, th		18. CAUSE OF DEATH (Enter	r only one cause per						APPROXIMAT BETWEEN ONS	
ever			DIATE CAUSE (0)	CONGE	estive i	HEART F	-AILURE		IMO	NTH
troumotic				R AS A CONSEQUE	ENCE OF	FART	DISEASE			
5		Conditions, if any, which gave rise to immediate		ISCHE	MIC H	EAILI	212FY3F	-		
		couse (0), stoting the underlying couse lost	DUE TO, O	r as a Conseoue	ENCE OF					
injury, or	NO O	PART 2 OTHER SIGNIFICAL	NT CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT NOT RELA	TED TO THE TERMIN	al disease or cone	DITION GIVEN	IN PART IIo	
No on	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WAS PER	RFORMED	200 AUTOPSY?		WERE FINDINGS	
0	ERT	21a ACCIDENT WAS UNDERLYING			21c HOW	/ INJURY OCCURRED	D (ENTER NATURE OF INJUR			10 🖸
1		OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D	AY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCA	ATION	CITY OR TOY	a/b/	COUNTY	STATE
	X	WHILE NOT WHILE AT WORK	(AT HOME STI	REET FACTORY OFFICE F	FARM ETC) ST	REE	CHYOKIOV	711	COUNTY	31416
		22a 1 certify that (I) (this h	ospital) ottended th	ne deceased from_		. 19	. 10		, tho	t (h (we) last
		sow the deceased olive obove, (I) (we) (did) (die	an	after death	ond that in (r	my) (our) opinion de	ath occurred on the do	ite and hour a	nd from the cau	ises stated
		22b. SIGNATURE	10		DEGREE			_	22c DATE SIC	
		2	alun	an	MD	PHYSICIAN 💢	MEDICAL STAF DIRECTOR PHYSIC	IAN 🗌	5114	(85
<u> </u>		22d. PHYSICIAN'S NAME (1			22e ADD	RESS 2102	DRUMMO	ong P	LAZA	
IMPORTANT		EHSANUE	2 RAHI	MAN	,	NEWARK	DE. I	9711		
; ≥	23a I	SURIAL, CREMATION, REMO	AL ZIE DATE	230 1	NAME OF CEMETERY		West Che	a + 0 70 °	coulus a + a	n spb
		SPECIFIC Temation	5-14	700 10	ratin & F	erris	west the	sprer.	oneste	T La.

East, Md

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE INC.

DHMH - 16 50M 4/83 (VRA 15, 4)



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and completely filled in by the funeral director.

MPOSTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR		DEPARTN		HEALTH AND MENTAL HYG	GIENE 8	S REG. NO.		9 7
		CEASED NAME FIRST HERMAN		MIDDLE H.		LAST	20 DATE OF D			26 HOUR
	3. SE)						6. AGE TINYEAR		1900	P • M
			4. RACE		5. DATE O	H DAY YEAR		(2 FY2) BIK IMDAT	MONTHS DAYS	HOURS MIN.
	100	Male	White		May	18, 1925	60		RS.	
	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	1		INTY OF DEATH	
4		Maryland		USA	WIDOWE			cil		MD.
1		TY OR TOWN OF DEATH Elkton	11. NAME OF (IF NOT IN SUI 1051	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A Frenchtow.	GHOME (ADDRESS) n Roa	OR OTHER INSTITUTION		OR MOST OF WORK	I2b. KIND C INDUSTRY Universit	
5	Ma	AL RESIDENCE (IF NURSING HOMEO STATE 136 COU Bryland Cec		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton	admission) N	13d INSIDE CITY LIMITS? YES NO 1	1051	DRESS / ZIP (own Road,	21921
21	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE	LAS	57
		Jessie	•	Phibb	S	Alma		-	Whit	e
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
1	()	Yes -	- OR DATES	225-22-2	477	Mrs. Rosa P	hibbs.	Elkton.	Md. 2192	1
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	DR AS A CONSEQUE	NCE OF	lanar fi	ulus Mg	۸		ISA ATÉ INTERVAL ONSET AND DEATH
4	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOP	SY? 20b. I	FYES, WERE FINDI	NGS USED
4	TIE						YES 1	10 🛛	YES 🗌	NO 🗆
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATU	RE OF INJURY IN ITE	M IB PART I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE D HOLLWISE D AT WORL D ALLWOOL		OF INJURY TEST FACTORY, OFFICE A	aller, 875, 1	211. LOCATION STREET		CITY OF TOWN	COUNTY	STATE
-		220.1 certify that (I) (this haspen saw the deceased alive of the deceased alive of the company	n 5 ot) view the bod	after/deoth.		nd the rice (our) opinion opin	MEDICAL DIRECTOR	STAFF PHYSICIAN	22t. DATE	-28-85
	30 B	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCAT		COUNTY	STATE
		Cremation	5-28	-85 R.A	A. Fe	rris Cremator	0111 011			
		ICKS HOME for F	UNERALS			25a. DAT	TE REC'D. BY REC	GISTRAR 25b. RE	GISTRAR'S SIGNAT	TURE

coarad

6801 .VS DAS

721 Hridge Street. 18ton. M. 21921

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						prelycas
	Vilensvinu-wonamania			onuny 1	193	negol I
12912	Lave modificant (ED)	×		111	1100	hesises.
	9317-	4.3	n/s/1:	5	No.) LEW
				>00		

3-33-13 Formile Cronnears sans measure, Panna, 1939a

1000-00

73h DATE

5-9-85

Lauron

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

13e.STREET ADDRESS / ZIP CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO' [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 8.2 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 5/7/85 STAFF PHYSICIAN DIRECTOR PHYSICIAN 167 W. Main St., Dewark, DE 23¢ NAME OF CEMETERY OR CREMATORY Newark, New Castle, Dela. Ebenezer Cemetery 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Newark, Dela.

REG. NO

MONTH

2b HOUR

INDUSTRY

2a DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15. 4)

(SPECIFY)

Burial

134577

STATE

1. DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

FIRST

MASSA Z 1985 THE A SHIT WHEN SHIT ENHINE Later Street Value Value CHELLERT THE PERCENT WAS A SING BOTHE THE THE THEY DEL TOTAL SERVICE STREET SERVICE SE BANG LEPAN BANGS LOY LICET PACE AS A COLLEGE ON THE OF SEASON AS A SEA Wings Till 2 - 12 th was willy in a confirmation and Maria State of the control of the Co

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		STATE OF MARYLAND
FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH
TACED NIAME	Cold	LACT.

GIENE	8

ı		REGISTRAR		1	CERTIF	ICATE OF DEATH	REG. NO).		
Ì		CEASED NAME FIRS	George M.	Ragan	ţ,	AST	May 4, 19		Y YEAR	26. HOUR 11:30P
	3. SEX	MALE	1 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
1	-	RTHPLACE (STATE OR FOREIGH	4.51		WIDOWE		X CECIL			MD
-8	Per	ry Point Md	PBSM" AV	car cent	DDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	WORKING LIFE)	INDUSTRY	STATION
1	13a. S	MD CA		13c CITY OR TOWN		134 INSIDE CITY LIMITS?	35 PE	ZIP CODE	7 2	1511
1	20	THER'S NAME FIRST AVID N	MIODLE	AGAN		Ros E	CATHERINE	<i>5</i>	RAGI	
			S ARMED FORCES? ES, GIVE WAR OF OATES)	222 03 3		MARY A.	WE RAGA	ss 6	Amo	<u>, </u>
		18 CAUSE OF DEATH IENT PART I. DEATH WAS C. IMME Canditions, if ony, whice gove rise to immedio: couse (a), stating the	DUE TO, OR te	physema c	of lur NCE OF Olock:	ngs, severe Thick visiding bronchia	mucous secre 1 tree	etion	BETWEEN	MATÉ INTERVAL ONSET AND DEATH
	TION		ant conditions co	ocardial	hypei Eath But	NOT RELATED TO THE TE	RMIN AL DISEASE OR CONI			
	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY? YES NO			OF DEATH?
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEXA	OF DEATH HOUR A.A	MONTH DA	Y YEAR	ZII LOCATION	URRED (ENTER NATURE OF INJUI			
١	ME	WHILE NOT WHILE AT WORK	AT HOME STRE	ET, FACTORY, OFFICE FA		STREET	CITY OR TO		COUNTY	STATE
		22a 1 certify that X (this saw the deceased al- abave, 44 (we) (did) (e	hospital) attended the May 4		S5 or		34 , to May 4 on death accurred an the do		and from the	
		226 SIGNATURE ULL	can De	yo Wi	5		MEDICAL STAI	F IAN []	22c DATE	-6-85
		JULIAN OCE	JO, M.D.	1		VA Medical	Center, Perr	y Poin	t, MD	21902

APORTANT

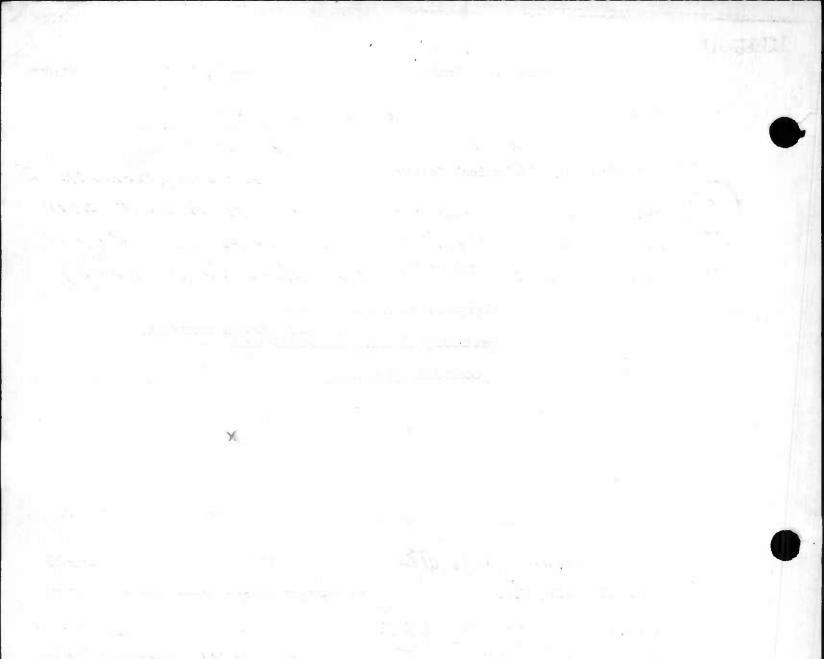
DHMH - 16 50M 4/B3 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

231 NAME OF CEMETERY OR CREMATORY R.A. FERRIS & Co.

Lukia Davidson Po

Foard Funeral Home, Rising Sun, Md.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) 85 DEATH MATED 20112 19 4 RACE YEAR 2d. HOUR 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS 24. DATE MONTH LAST BIRTHDAY) PRONOUNCED 185 B-10 DEAD THPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH ☐ NEVER MARRIED - ■ FOREIGN COUNTRY MARYLAND DIVORCED 126 KIND OF BUSINESS OR INDUSTRY, IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) BORCE ARIE GENERA PAGES I KIND SHOULD BE INVISION OF WITH PROPERTY OF WITH USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? CPCILTON NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, TH FORM PM MIDDLE FIRST MAIDDLE FIRST Sewe DIVISION MOTE PERIOD 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANZ (YES, NO. ORJUNKNOWN) (IF YES, GIVE WAR OR DATES) 24 h. ITEM 18. GIV. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

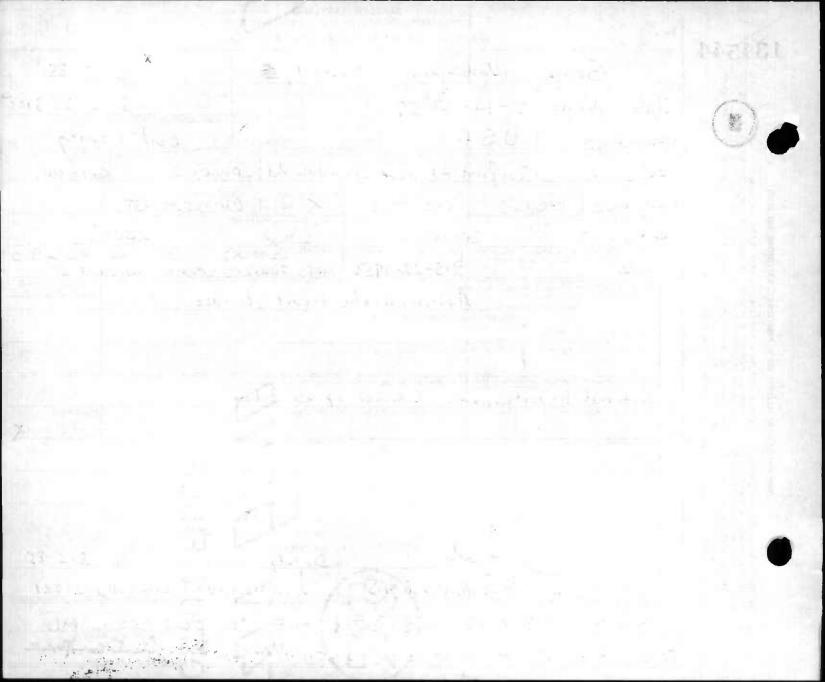
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
FOR **UNERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.

AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. D

BARTIMORE, MARYLAND, 21201 PRIØR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY MUOSIL IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION enhou SHOULD 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WAT STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Accident Homicide Undetermined manner Natural causes TITLE (SPECIF 5-5-85 ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME 21921 nion Hose (TYPE OR PRINT) ADDRESS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL CREMATORY AME OPCILTON! BP. 250. DATE REC'D. BY REGISTRAR MAY 1 3 198 24 FUNERAL DIRECTOR BOX **DHMH - 17** 270 MILLINGTON 2165 (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND



Heme,

DHMH - 16 50M 4/82 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEI CERTIFICATE OF DEATH

NE	8

NE O TO THE ME			REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D.	AY YEAR 26 HOUR 1
Nan	cy D. Slicher		May 10, 1985	M
3. SEX	4. RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
Female	White	August 6, 1911	73 YRS	ONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Phillipine's	U.S.A.	WIDOWEDEN DIVORCED	Cecil County	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR
Elkton	5 Woodbine C	. Clan Farma	Housewife	INDUSTRE
USUAL RESIDENCE (IF NURSING HOME COL 130. STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BE		13e STREET ADDRESS	21991
Maryland Ce	Elkton		5 Woodbine Circ	10
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
late Julian D	eCourt	late Al	MIDDLE	LAST
160. WAS DECEASED EVER IN U.S. A			ADDRESS	
NO (YES NO OR UNKNOWN) (IF YES, G	214 03	6852 Mrs Martin	Duffy 5 Woodbine	Circle
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	, and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o) ACU	18 BRONCHO	PHEUMONIA	1 wach
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	SEVERE DE	BILITATION OF I	4 MONTHS
PART 2. OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TERM		
O C	PULM	1327HIMB FARNO	uA.	
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
OR CONTRIBUTING CAUSE OF D IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive a	oital) attended the deceased from APRIL - 26 19 not) view the body after death.	m A?111 , 19 78	, to MAT 10 19 deoth occurred on the date and hour	ond from the couses stated
226. SIGNATURE	(×)	DEGREE	LIEDIG III	22¢. DATE SIGNED
Youth D.	Notarangelo		DIRECTOR PHYSICIAN	5 -10-1985
22d. PHYSICIAN'S NAME (TYPE	/	22e ADDRESS		0
JOJEPH D	. NO TARAK	GELOM D. 301	ST. PAUL PLACE	ISALTO 2120,
230 BURIAL, CREMATION, REMOVA		31 NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
(SPECIF Burial	May 14,1985	New Cathedral	Baltimore Mary	land

BP

retained by the hospital or attending physician.

TO HOSPITAL

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the medical exa

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

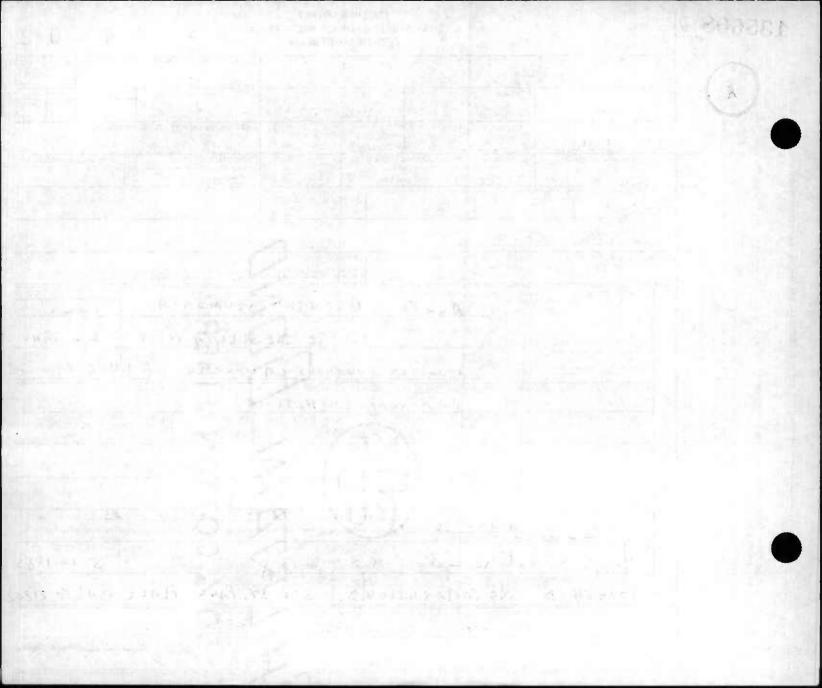
May 14,1985

Harry H Witzke 4112 Columbia Rd Ellicott City

New Cathedral

23d LOCATION
CITY OF TOWN
Baltimore

Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

A AGE (IN YEARS LAST BIRTHDAY)

26 HOUR

	- STATE REGISTRAR
	1 DECEASED NAM (TYPE OR PRINT)
	3. SEX
1	70 BIRTHPLACE

RG.I. Robert 5 potswood 4 RACE MONTH WHITE

20. DATE OF DEATH

5 -IF LINDER TYEAR FUNDER 21 HPS

1899 10 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH

MONTH

ONTARIO, CANADA IN CITY OR TOWN OF DEATH

WIDOWED (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

126 KIND OF BUSINESS OR INDUSTRY SEIF- EMPloYED

ELKTONY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 13b COUNTY

RISING SUN

13e STREET ADDRESS / ZIP CODE 2520

STONE MASON

4 FATHER'S NAME

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

ECI

15 MOTHER'S MAIDEN NAME

SPOTS WOOD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWNS LIF YES, GIVE WAR OR DATES!

PART I DEATH WAS CAUSED BY:

17 INFORMANT

DIVORCED

IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate

cause (a), stating the underlying couse lost. Resonator

211 LOCATION TREET

22e ADDRESS

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

21d INJURY OCCURRED

AT WORK AL WORK

CERTIFICAT

MEDICAL

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [] YES [

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

AT HOME STREET FACTORY OFFICE FARM ETC)

TIE PLACE OF INJURY

216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

220 | certify that (1) (this haspital) attended the deceased from sow the deceased alive an _ above, (1) (we) (did) (did not) view the body ofter death

DEGREE 14.0

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my (aur) opinion death occurred on the date and hour and from the causes stated

7x: DATE SIGNED

5 AW EDDIE 236. BURIAL CREMATION, REMOVAL

be deta

ld b

3 =

PORTANT

24 FUNERAL DIRECTOR

22b SIGNATURE

FORRD FUNEAR Home

DHMH - 16 50M 4/83 (VRA 15, 4)



The state of the s

and completely filled in by

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OK .
TATE
EGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	4	5	U	4

REGIST	TRAR			CERTIF	ICATE OF DEATH	R	EG. NO.		
1. DECEASED			WIDDIE		AST	20 DATE OF DEA		DAY YEAR	2b HOUR
(TYPE ON PRINT)	EUGEN	E	J.	VA	NCE	MAY 3.	1985		a
3 SEX		4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS)	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Male		Whit	e	AUGU	ST 26, 1925	59	YR	MONTHS DAYS	HOURS MIN.
o. BIRTHPLAC	CE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	9	4.9	9 BALTIMORE			
COUNTRY]	irginia	US	Δ	MARRIE		Cec	11		MD
	OWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCC	UPATION		OF BUSINESS OR
Elkto	n		CHEACILITY, GIVE STREET		100	Elk Pa	per Co.		
SUAL RESID	ENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDI	SESS / 71D CC)DE	
Maryla		cil	Elkton	14	YES X NO	130 Fri			21921
FATHER'S					15. MOTHER'S MAIDEN NA	ME	7 /		
	ra.	MIDDLE	Vance		Rhoda	MIE	DDLE	Re	se
	EASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU		17 INFORMANT	,	DDRESS		
YES, NO OR		GIVE WAR OR DATES)	229-24-3	1812	Mrs. Mary Ja	no Vence	Elkto	n Md S	1021
					Mis. Mary Ja	He valice	, EIRC		
18 CAU	JSE OF DEATH (Enter	only one cause pe SED BY:			/	2 - 5-1		BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMED	IATE CAUSE (0)	CARD	10141	MONATY 14	MEST		MC	475
	DUE TO, OR AS A CONSEQUENCE OF								
	Conditions, if any, which (b) CONO STIV				1-11st7	1 Aluna		16	m/
couse	gove rise to immediate cause (a), stating the underlying cause last						1 V	Yess.	
DAPT 2	OTHER SIGNIEICAN	T CONDITIONS C			NOT RELATED TO THE TERM	AINIAI DISEASE OR	CONDITION	CIVEN IN DART 1	
	COMERSIGNIFICAN	DD	ONTRIBOTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR	COMPINON	GIVEN IN PART TI	0
190. DAT	TE OF OPERATION	TIBL CONIC	VITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY	2 205 16	YES, WERE FINDI	NCS LISED
E INC. DAI	IE OF OPERATION	178 COIVE	IIION FOR WAICH	OFERATIO	IN WAS PERFORMED		IN CE	RTIFYING CAUSES	OF DEATH?
Ē							X	YES 🗌	NO 🗌
	CIDENT WAS UNDERLYING		JEINJURY J.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART OR PART 2)	
	TER NOTIFY MEDICAL EXAMI		.M.	19					
21d INJ	IURY OCCURRED		OF INJURY		211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AI HOME, SI	REET, FACTORY, OFFICE, F	ARM, ETC. }	SINCE		P(3.4.0
	ertify that (1) (this has	spital) attended t	he deceased from	SE	NT 10 62	- 10 1404	4 3.	1085	that(1)(we) last
sow	v the deceased alive	on Ma	42. 19	15.0	nd that in (my) (our) opinion	death occurred on	The date and I		- · ·
	SNATURE		J desir		DEGREE			22c DATE	SIGNED
6	11	MYG			ATTENDING	MEDICAL DIRECTOR P	STAFF	5-6	-85
22d. PH	YSICIAN'S NAME (TYP	E OR PRINT)	110	-	22e ADDRESS	DIRECTOR P	III SICIAN [])) -(,-03
	Linwood W.	11	M.D.		721 Bridge	Street.	E1kton.	Md. 219	21
	REMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATIO			
(SPECIFY)						CITY OF TO		Cecil,	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ar offending physicion ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

(VRA 15, 4)

ELKTON, MD. 21921

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2001 -- 1905

about commit

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completely filled in b

signed by the ottending physicion ond c hen please remove carbonpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the bunal-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖂

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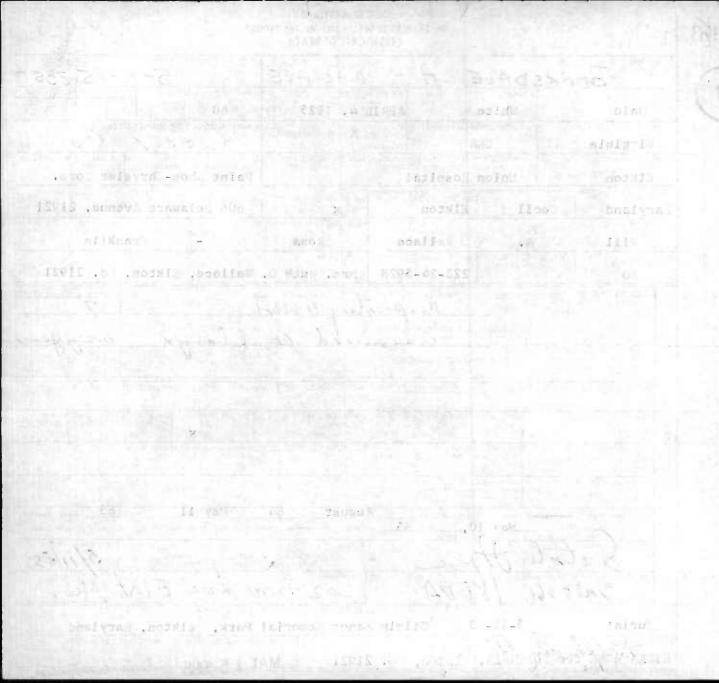
	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME OR PRINTI	FIRST		E A	ī	WALLACE	20. DATE OF DEATH	MONTH 5	DAY YEAR	26 HO	UR
3. SE			RACE		5. DATE C		6. AGE (IN YEARS LAST I	IRTHDAY)	IF UNDER 1 Y		ER 24
	Male		White		APRII	4, 1925 YEAR	60	YR		AYS HOURS	1
	RTHPLACE (STATE OR FO	DREIGN 71	. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY	7 11	0.	5	
	Virginia		US	A	WIDOWE	DIX NEVER MARRIED	00	201	/ (0	
	ITY OR TOWN OF DEA	TH 1			IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA			D OF BUSIN	VES
,	Elkton			HOSPITA!			Paint She				
13a. S	AL RESIDENCE (IF NURS	13b COUNT	Y	GIVE RESIDENCE BEFORE 13c CITY OR TOW Elkton		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRES 606 Dela	s aware	Avenue	, 219	21
14. FA	ATHER'S NAME		DDLE	LAST		15 MOTHER'S MAIDEN NA					_
	Will		A.	Wallac	ce	Rosa	MIDDLE	1	Frankli	n.	
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		V. 3-1	
()	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	228-24-	5928	Mrs. Ruth O.	Wallace.	Elkte	on. Md.	2192	1
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	nediate ig the lost. NIFICANT CC	(c) ONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	ZOB AUTOPSY?	20b. IF	GIVEN IN PAR YES, WERE FIN RTIFYING CAU	IDINGS US	ATH
	21a. ACCIDENT WAS UND	CAUSE OF DEATI	1	M. MONTH DA		21c. HOW INJURY OCCUR		JURY IN ITEM	18, PART 1 OR PART	2	
MEDICAL	(IF EITHER, NOTIFY MEDICA		P. 21e. PLACE	M. OF IN JURY	19	21f LOCATION					
WE	WHILE NOT WHAT WORK			ME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET		STREET	CITY OR I	OWN	COUNTY		STAT
	22a.1 certify that (1)		d) ottended th	e deceosed from_	F	ugust 19 84	to May I	L	19 85	, that (I)	(we
- 1	sow the deceased alive an May 10 19 85, and that in (my) (aux) opinion death occurred on the date and hour and from the causes state above (i) (we) (did) (did not) view the body after death.										
	22b. SIGNATURE	toli	197)ecc		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	22c. D.	ATE SIGNED	2
	22d. PHYSICIAN'S N	OS LI	: /k	EDA		202 Br	n street	E	Kton, 1	Md,	
23a. E	BURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 5-14-8			EMETERY OR CREMATORY Manor Memoria	23d LOCATION CITY OF TOWN	lkton	COUNTY Mary 1		STAT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ecuted within 24 hours TENDING PHYSICIAN: The low retained by the hospital or attending physician. TO HOSPITAL

> BP. DHMH - 16 50M 7/77 (VR A 15 (4))

HICKS HOME SAPORESS ELKTON, TOT MD. 21921 Elkton, Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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_		person	^	/
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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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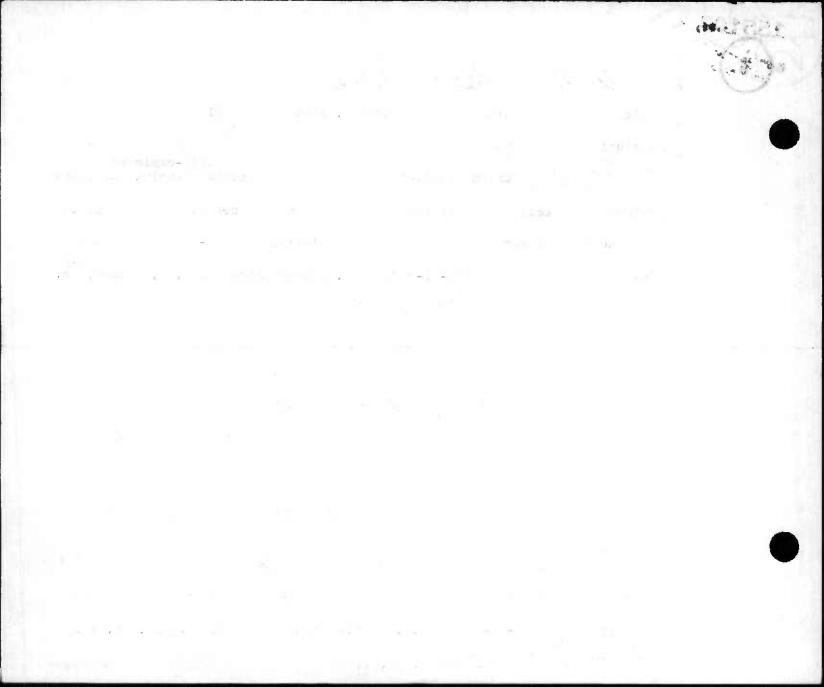
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						REG. 14	O.		
	CEASED NAME	FIRST /	To f	11/0.	2.0	20. DATE OF DEATH	MONTH /		HOUR A
3. SE	WI	1. RACE	ORLER	DATE OF BIR	TH	6 AGE (IN YEARS LAST BIR			035 M
3. St				MONTH	DAY YEAR		in Dati		HOURS MIN.
_	Male	White		April	6, 1904	81	YRS		
7a B	IRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN OF	WHAT COUNTRY? 8	MARRIED (NEVER MARRIED	9 BALTIMORE CITY C	COUNT	Y OF DEATH	
-	Missouri	USA	v	VIDOWED 🗌	DIVORCED [(eci)	/	CO	MD.
10 0	EINTOWN OF DEA	(IF NOT IN 5U	HOSPITAL, NURSING CHEACHITY, GIVE STREET ADD HOSPITAL	ORESS)	HER INSTITUTION	12a USUAL OSCUPAT (TYPE OF WORK FOR WOST O Cattle Br	eedin	MY HIND OF I	BUSINESS OR
USU 13e		NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD		INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP COD	ie.	
	aryland	Cecil	Cecilton		NO T	Enterpris			13
14. F	ATHER'S NAME			15. A	AOTHER'S MAIDEN NA				
ν	Joseph	Walker	Wear		Alaline	WIDDLE		Potte	er
160		N U.S. ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17 I	NEORMANT	ADDR	ESS		
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	177-01-56	03 M	r. Joseph	Walker Wear	,II, I		Pa.
г	8 CAUSE OF DEATH	lEnter anly one cause pe	r line for a), (b), and (c	15.1 A	+			BETWEEN ON	SET AND DEATH
1	PARTI. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE (0)	Cardia		rest				
ı	1	DUETO	OR AS A CONSEQUENS	CE OF -					
1	Canditions, if any,	· ·	The second of the second	epticer.	nia				
1	gave rise to imm	ediate	OR AS A CONSEQUENC	1	2				
1	underlying cause		OR AS A CONSEQUENC	LE OF	reymonia				
1	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEA			AIN AL DISEASE OR CON	DITION GI	VEN IN PART 11a	
8		CA	ronaku	Ar tok	Descare				
1 8	190 DATE OF OPERAT	10N 19b CONE	OITION FOR WHICH OF	PERATION WA	0.0	20a AUTOPSY?		S, WERE FINDING	
분						YES X NO	4	IFYING CAUSES O	F DEATH?
CERTIFICATION	210 ACCIDENT WAS UND	ERLYING 715 TIME	OF INJURY	216	HOW IN JURY OCCUR	RED (ENTER NATURE OF INJU			INO []
	OR CONTRIBUTING		M. MONTH DAY			The finite of the same			
MEDICAL	(IF EITHER NOTIFY MEDIC		.M,	19	LOCATION!				
1 8	21d INJURY OCCURR	(AT HOME S	OF INJURY		EOC ATION STREET	CITY OR TO	NWC	COUNTY	STATE
1	WORK NOT WH	K L		la s					
1		(this hospital) attended t	~ ~ ~ ~ ~ ~		19.65	, ta	528		at (1) (we) last
	saw the decease	dalive onid (did not) view the bod	5 - 28 19 85 y ofter death.	and tha	t in (my) (our) opinian	death occurred an the d	ate and ha	ur and fram the co	uses stated
1	SIGNATURE	, ,	0 11	DEGR				22c DATE SI	
1	Vicel	mohan S.	Sachder SACHBEN	m	PHYSICIAN [MEDICAL STA	CIAN []	5. 24	1.85
1	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	C	22e.	ADDRESS				
	SHEEL					ST ELKTON	y M	d 21 92,	/
23a.	BURIAL, CREMATION, I		I	ME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Cremation	5-29-	85 , R.A	. Ferr		y West Che			80
24 F	UNERAY DIRECTOR	5 41.	() 7		250 DA	TE REC'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNATUR	RE

DHMH - 16 50M 4/83 (VRA 15, 4)

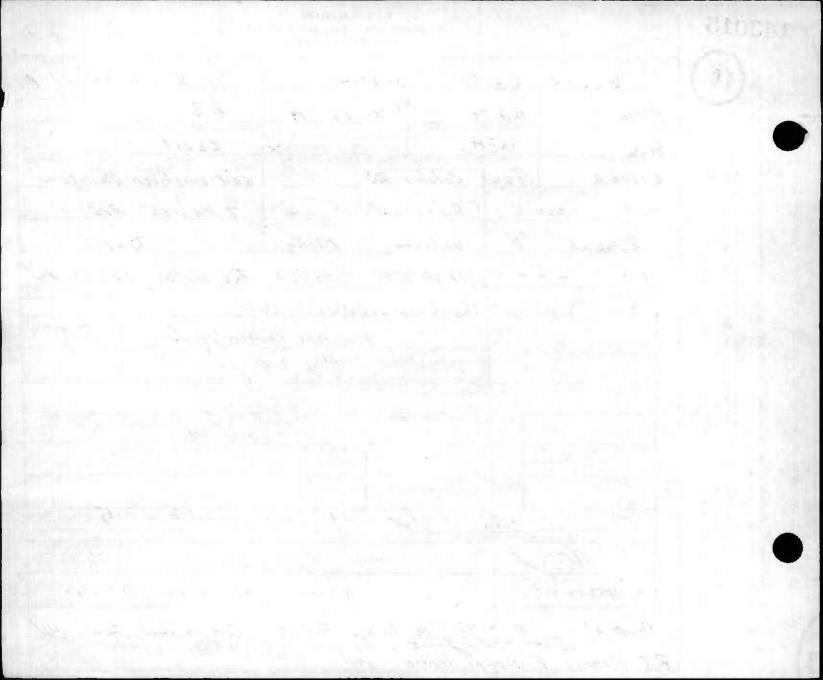
TO FUNERAL DIRECTOR

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015	1-	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4507
(18)		BRYAN	CARLIE 4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST GIRTHDAY)	DAY YEAR 2b. HOUR IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
uneral directs of cycle		PALE RTHPLACE (STATE OR FOREIGN OUNTRY)	16. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
by the funeralised within 7	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVESTREET 1241	WIDOWED DIVORCED STATE OF THE PROPERTY OF THE	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LII) SEIF-EMPLO VOT	
ly filled in by the should be filed with	13e. S	RESIDENCE (IF NURSING HOME OF TATE 13b COUI		N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7 HAINES	AVE 1911
omplete ond 2	3	ROBERT	MIDDLE WILEO	+ Molly	MIDDLE ADDRESS	DAVIS
an and c		(IF YES, GI	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 177-10-	9734 BRENDA	REYONALDS	COLORA MAL. BETWEEN ONSET AND DEATH
equies into the death certificate in signed by the attending physici. Then please remave carbon paper it aburial, crematian, ar remaval. injury, or other traumatic event, the	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF Asymetric Co	phy- MINAL DISEASE OR CONDITION GIV	2yn.
ding physician. is certificate has been burial-transit permit. Mental Hygiene priar ret flem 18 shows any in	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES
and critical that a strength of the strength of the burial-transit p as the burial-transit p lith and Mental Hygien harked at Item 18 shown the burial-transit p	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	AID	AY YEAR 19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
haspital of haspital of haspital of haspital of haspital haspital of haspital		saw the deceased alive ar	ital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	death accurred on the date and how	19 that (I) (we) last or and from the causes stated 22c. DATE SIGNED
retained by the TO FUNERAL (Should be detained) with the State (IMPORTANT: If		22d. PHYSICIAN'S NAME ATTPE) ·	1908 HARFUR	DIRECTOR PHYSICIAN D	10 210 47
BP MH - 16 50M 4/B2		IURIAL, CREMATION, REMOVAL SPECIFY) JURIAL DIRECTOR	23b. DATE 23c. NE	Wante of CEMETERY OR CREMATORY Wasings Bretist 250 DA	23d. LOCATION CITY OF TOWN RESECTORY ROSTER AR 200 AEG.	COUNTY MANY
(VRA 15, 4)	K	T. FOAMD 1	- UNUMA/ Home	o vac.		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 129613 REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 2d HOUR 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE , 14 LAST BIRTHDAY) PRONOUNCED 650 DEAD **BALTIMORE CITY OR COUNT** MARRIED NEVER MARRIED EOREIGN COUNTRY WIDOWED oldwater Railroad Elkton UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY Cecil 13d INSIDE CITY LIMITS? Teasant 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Maria MIDDLE Shimmer Samue. Zahn ADDRESS Elkton, Md. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Pleasant Hill George Zahn APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IPPOSE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCTION OF BUSE AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO RURAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: heart disease DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 2 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XX YES [] 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 228 I certify that I took charge of the remains described above, held an death resulted fram: Hamicide Undetermined manner Natural causes ACTUAL SIGNATURE ELK+04 mD 21921 EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Elkton Burial Cemeterv Elkton Ceci: Md 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

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